



| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)<br>FY 2005<br>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)  |            | Docket Number (Optional)<br>TESSERA 3.0-089 CIP DIV |             |
|---|------------|---|-------------|
| Application Number 10/643,701   |            | Filed August 19, 2003                               |             |
| For COMPLIANT PACKAGE WITH CONDUCTIVE ELASTOMERIC POSTS   |            |   |             |
| Art Unit 2815   |            | Examiner J. Clark                                   |             |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.<br>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): |            |   |             |
|   | <u>Fee</u> | <u>Small Entity Fee</u>                             |             |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$120      | \$60  | \$          |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$450      | \$225   | \$          |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1020     | \$510   | \$ 1,020.00 |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1590     | \$795   | \$          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2160     | \$1080  | \$          |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |            |   |             |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |            |   |             |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |            |   |             |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |            |   |             |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-1095. I have enclosed a duplicate copy of this sheet.                             |            |   |             |
| I am the <input type="checkbox"/> applicant/inventor.   |            |   |             |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |            |   |             |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 40,592   |            |   |             |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.   |            |   |             |
| Registration number if acting under 37 CFR 1.34 _____   |            |   |             |
| Signature <u>Michael J. Doherty</u>   |            | Date <u>June 7, 2005</u>                            |             |
| Typed or printed name <u>Michael J. Doherty</u>   |            | Telephone Number <u>(908) 518-6337</u>              |             |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.   |            |   |             |
| <input type="checkbox"/> Total of 1 forms are submitted.  |            |   |             |

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: June 7, 2005

Signature: Michael J. Doherty (Michael J. Doherty)